

FILED SEP 20 1950

STANDARD CERTIFICATE OF DEATH

30992

State File No.

BIRTH NO.		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>338</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Boston -</u>		<u>0580</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>McLarney Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R. F. D.</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NOEL</u> b. (Middle) <u>ELDON</u> c. (Last) <u>CORAM</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 9, 1950</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>June 16, 1910</u>	
9. AGE (In years last birthday) <u>40</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Sullivan Co., Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Arthur Coram</u>		13b. MOTHER'S MAIDEN NAME <u>Becca Jerome</u>		14. NAME OF HUSBAND OR WIFE <u>Alvera Meeker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alvera Coram, New Boston, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c): *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis - occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Subacute bacterial endocarditis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prior coronary thrombosis June 8, 1948</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>2 months</u> <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 15, 1948</u> , to <u>Sept 9, 1950</u> , that I last saw the deceased alive on <u>Sept 9, 1950</u> , and that death occurred at <u>3:35 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John R. Dwyer M.D.</u>				23b. ADDRESS <u>Brookfield Mo.</u>		23c. DATE SIGNED <u>9-11-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/11/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nester Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>New Boston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-13-50</u>		REGISTRAR'S SIGNATURE <u>W. B. Erwin</u> <u>167</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wright Funeral Home, Brookfield, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: **SEP 18 1950**
DISTRICT HEALTH OFFICE #2
District File Number 9-50-
Date Filed: **SEP 19 1950**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Harold B. Wright

Signed.....
Student Embalmer

Licensed Embalmer No. 3718

P. O. Address Brookfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.